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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Application Number
10655965

Filing Date

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
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49							99					
50							100					
Total Indep			4				Total Indep					
Total Depend			16				Total Second					
Total Claims			20				Total Claims					

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